

State of Georgia

Department of Banking and Finance 2990 Brandywine Road, Suite 200 Atlanta, Georgia 30341-5565 Phone: (770) 986-1633

Fax: (770) 986-1655

Report of Apparent Crime

PLEASE FILE THIS FORM WITHIN FIVE (5) BUSINESS DAYS FOLLOWING DISCOVERY OF: (Check all that apply)

	Date	Amount						
2.	Approximate date and dollar amount of suspected violation:							
	If activity occurred at a branch office(s), p	please identify						
	Phone Number	License Number						
	(City)	(State)	(Zip)					
	(Street Ad	dress)						
	Location(Street Ad							
	Name							
1.	Name and Location of: ☐ Check Casher,	□Check Seller, □ Money Tra	nsmitter					
	he information in this report is confidential and 4A O.C.G.A. and Rule 80-3-106 of the I			4				
	Where appropriate, law enforcement auth	orities were immediately notified.						
	Suspicious transactions that indicate possavoid currency reporting requirements.	sible money laundering or attemp	ots to structure transactions	to				
	A reasonable basis for believing that a cri	me has occurred, is occurring or r	may occur.					
	Suspected criminal violations involving suspect, or group of suspects, has been ide		ancial services firm where	a				
	Suspected criminal violations of an office	er, director, employee or agent.						

3.	Summary characterizations of the suspected violation. (check all that apply)											
		Defalca	tion/Embezzlem	ent			Bribery/Gratuity					
		Check F	Fraud				Check Kiting					
		False St	atement				Misuse of Position	ion/Self Dealing				
		Money	Laundering				Structuring					
	App	Applicable Sections of Georgia Code and U.S. Code (if known)										
4.			•			•	1	•				
	Ref	ferral is b	eing made to the	FBI/IRS/Secr	ret Service in		City	State				
			eing made to the		y in			State				
			C	·	City		State	Judicial District				
5.	Per	son(s) su	spected of crimi	nal violations ((attach additional pa	ages a	s necessary).					
	Nar	me										
	Address_											
	Dat	te of Birth	1		Social Secu	rity	No					
		(if known)				(if kn	nown)					
	Rel	Relationship to the financial services firm: (check all that apply)										
		☐ Officer ☐ Employee ☐ Broker ☐ Shareholder ☐ Appraiser ☐ Director										
	☐ Agent ☐ Borrower ☐ Account Holder ☐ Other (specify)											
		If activity concerns an agent, please give the following:										
	Location Federal Tax ID No											
	Is person still affiliated with the financial services firm? \square Yes \square No If no have they:											
	☐ Resigned ☐ Been Terminated ☐ Other (explain)Date											
	If a Director, Officer or Employee of firm, has firm's Employee Fidelity Carrier been notified?											
	☐ Yes ☐ No Date of Notice											
	Name of Carrier											
	Describe Circumstances (attach additional pages as necessary)											
	2 collect Cheshibathees (anden additional pages as necessary)											

Is the person												
Enterprise?	→ Yes	□ No	If ye	s to ei	ther or t	ooth, p	olease	dentı	fy			
Explanation/unusual or irregular					On. (Give a	brief sur	mmary c	of the susp	ected violat	tion, ex	xplainir	ng what is
II a a servición de la constantia della constantia de la constantia de la constantia della constantia della												
Has suspecte	d individ	ual(s) mad	de any a	dmiss	sions?	Yes		l No	If yes.	, wh	О	
		ual(s) mad	le any a	dmiss	sions?	Yes		l No	If yes,	, wh	0	
	istance als listed	below wi	ll be aut	horize	ed to dis	cuss ti	his in	cident	with ap	prop	oriate	
Offer of Ass	istance als listed	below wi	ll be aut	horize	ed to dis	cuss ti	his in	cident	with ap	prop	oriate	
The individu enforcement	istance als listed officials	below wi	ll be aut	horize	ed to dis g or expl	cuss tl	his in g any o	cident	with ap	prop	oriate	
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Please send the original to the Department of Banking and Finance at the address on the front and retain a copy for your files.